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30.00 DP March 24, 2005 (Date March 24,	3/30/5003 FUNITEE AV		A. T.	<i>F.</i>	Margare	t Haase	(Depositor's name)
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/766.567 01/29/2004 Robert B. Scott JR. 4035 TITLE OF INVENTION: SAFETY SUPPORT FOR A LONG BARRELED WEAPON APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 05/25/2005 EXAMINER ART UNIT CLASS-SUBCLASS PUROL, SARAH L 3634 211-064000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached. 1. "Fee Address" indication for "Fee Address" (11) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single lim (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents on a set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignment is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PLEASE NOTE: Unless an assignment is in NOT a substitute for filing an assignment of the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Individual	FC:1504 300.00 OP		TRADEMARK!		March		(Signature)
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EXAMINER ART UNIT CLASS-SUBCLASS PUROL, SARAH L 3634 211-064000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CHURCH Grabber Products, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): A check in the amount of the fee(s) is enclosed. Payment of Fee(s) A check in the amount of the fee(s) is enclosed. Payment of Fee(s) A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to peopsit Account Number 5. Change in Entity Status (from status indicated above) a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fec(s) are enclosed: 4b. Payment of Fec(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to peposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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interest as shown by the record of the United States Patent and Trademark Office.

Authorized Signature

Date March 24, 2005

22,037 Registration No. _

Typed or printed name <u>Dennis B. Haase</u>

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